

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043396 (8)
1. Corporation Name

MERCHANT EXPRESS OF FLORIDA, INC.



Principal Place of Business: 900 EAST ATLANTIC BOULEVARD, #6 POMPANO BEACH FL 33060
Mailing Address: 900 EAST ATLANTIC BOULEVARD, #6 POMPANO BEACH FL 33060

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/06/1994	03/27/1995
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0497674	No: Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOUSA, FRANCISCO DESALES 1590 N. W. 13TH STREET BOCA RATON FL 33486				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUSA, FRANCISCO DESALES		12 NAME				
STREET ADDRESS	1590 N. W. 13TH STREET		13 STREET ADDRESS	1101 SE 9TH AVE #1			
CITY-ST-ZIP	BOCA RATON FL 33486		14 CITY-ST-ZIP	POMPANO BEACH FL 33060			
TITLE		<input type="checkbox"/> DELETE	21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22 NAME				
STREET ADDRESS			23 STREET ADDRESS				
CITY-ST-ZIP			24 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY-ST-ZIP			34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 06/10/96 TELEPHONE: 201 5895884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)